



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TIMOTHY MARKS, MD

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-15-4177-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

AUGUST 26, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier denied payment for an incorrect reason. Payment was no made with another service and the coding is appropriate for this level of service."

Amount in Dispute: \$735.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the DWC-60, the Requester is seeking reimbursement for services rendered between January 21, 2015 and January 29, 2015. The Requester billed \$735.00 for medical treatment and the Respondent paid \$322.69 (not \$0 as stated by Requestor on the DWC-60). The Requester is now seeking reimbursement in the amount of \$735.00...CPT Code 99358 was paid in full (\$110.00 X 2) for both dates of service as evidenced by the Explanation of Benefits dated September 17, 2015. CPT Code 99214 was denied as global to CPT Code 20553 which was performed on the same date of service as evidenced by the Explanation of Benefits dated April 21, 2015. Per Medicare surgical rules, services provided the day of the procedure are included in the fee schedule amount. See M5-06-0325-01. CPT Code 20553 was reimbursed \$102.69 per the Fee Schedule as evidenced by the Explanation of Benefits dated April 21, 2015. Therefore, no additional reimbursement is permitted on this matter."

Response Submitted by: White Espey, PLLC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 21, 2015 January 26, 2015	CPT Code 99358 Prolonged Evaluation and Management Service	\$110.00	\$0.00
January 29, 2015	CPT Code 99214 Office Visit	\$275.00	\$0.00
January 29, 2015	CPT Code 20553 Trigger Point Injections	\$240.00	\$26.20
TOTAL		\$735.00	\$26.20

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
 - 906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 76-Billing is greater than surgical service fee.
 - 247-A payment of denial has already been recommended for this service.
 - W3-Additional payment made on appeal/reconsideration.
 - 193-Original payment decision is being maintained. This claim was processed properly the first time.

Issues

1. Is the allowance of code 99358 included in the allowance of another service rendered on the disputed date? Is the requestor entitled to reimbursement?
2. Is the allowance of code 99214 included in the allowance of 20553 rendered on January 29, 2015?
3. Does the documentation support billing CPT code 20553? Is the requestor entitled to reimbursement?

Findings

1. The respondent initially denied reimbursement for CPT code 99358 based upon reason codes "97" and "243." Upon reconsideration the respondent paid the full amount requested of \$110.00 for each date of service. Based upon the payment issued and the lack of documentation submitted to support the service, additional reimbursement is not recommended.
2. Based upon the submitted explanation of benefits, the respondent denied reimbursement for the office visit coded 99214 based upon reason codes "97" and "243."

28 Texas Administrative Code §134.203(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers..."

Per NCCI edits, CPT code 99214 is a component of 20553; however, a modifier is allowed to differentiate the service. A review of the submitted medical bill finds that the requestor did not append a modifier to code 99214; therefore, 99214 is a component of 20553 and reimbursement is not recommended.

3. The respondent initially denied reimbursement for CPT code 20553 based upon reason code "P12." Upon reconsideration the respondent paid \$102.69 per the fee schedule.

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the

established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2015 DWC conversion factor for this service is 70.54.

The Medicare Conversion Factor is 35.7547

Review of Box 32 on the CMS-1500 the services were rendered in zip code 77065, which is located in Houston; therefore, the Medicare participating amount is based on locality "Houston, Texas".

The Medicare participating amount \$65.33.

Using the above formula, the Division finds the MAR is \$128.89. The respondent paid \$102.69. The difference between the MAR and amount paid is \$26.20; this amount is recommended for additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$26.20.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of 26.20 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	10/23/2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.